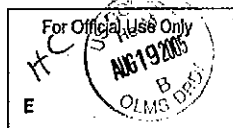


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>74058</u> <u>14058</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2009</u> Through: <u>12</u> / <u>31</u> / <u>2009</u>
3. Name and address of person filing. Name <u>Richard</u> <u>6</u> <u>Mize</u> P.O. Box, Bldg., Room No., If any Street <u>5718 N. Idaho Rd.</u> City <u>Newman Lake</u> State <u>Washington</u> ZIP Code + 4 <u>99025</u>	4. Name, file number, and address of labor organization. Name <u>Brotherhood of Locomotive Engineers</u> Labor Organization File Number <u>512208</u> P.O. Box, Building and Room Number, if any Street <u>5718 N. Idaho Rd.</u> City <u>Newman Lake</u> State <u>Washington</u> ZIP Code + 4 <u>99025</u>
5. Position in labor organization. <u>Local chairman Division 104</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., If any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Richard Mize

On

8-13-05

Date

509-435-7649

Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 40%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 40%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; background-color: #f0f0f0;"></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 80px; background-color: #f0f0f0;"></div> <p>12.b. Amount. <input style="width: 100px;" type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="See Attachment"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 40%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; background-color: #f0f0f0; text-align: center; vertical-align: middle; font-size: 2em;">See Attachment.</div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> <p style="font-size: 1.5em; margin-left: 40px;">See Attachment</p>	<p>14.b. Amount of payment.</p> <p style="font-size: 1.5em; margin-left: 40px;">See Attachment</p>

Attachment "A"
Form LM-30 (Labor Organization Officer and Employee Report)
Fiscal Year: 01/01/2004 thru 12/31/2004

Reporting Labor Organization: Brotherhood of Locomotive Engineers and Trainmen (BLET-BNSF/MRL GCA)
Labor Organization Officer: Richard G. Mize (local Chairman Division 104)
5-digit OLMS File Number: None available at this time
Organization File Number: 2004LM-30
Ending Date of Reporting Period: 12/31/2004

*The purpose of this Attachment "A" is to furnish additional itemized information pertaining to Part C (Items 13 thru 14) of the Form LM-30 report. The information shown below reflects the best good-faith estimate of value and occasion based upon personal recollection.

13a.Name and Address of Employer/Labor Relations Consultant	13b.Business is an employer/Consultant	14a.Nature of Payment	14b. Amount of Payment
Rathmann, and O'Brien, L.L.C. 1031 Lami Street St. Louis, MO 63104	Employer	7/1/04-Supper Banquet in conjunction with Union function, multiple sponsors	In excess of \$25.00
Yaeger, Jungbauer, Barczak & Vucinovich, PLC. 745 Kasota Ave. Minneapolis, MN 55414			
Ingebritson & Associates, P.A. 100 South Fifth Street, Suite 450 Minneapolis, MN 55402			
Jones & Granger 10000 Memorial Drive, Suite 888 Houston, TX 77210			
Schlichter, Bogard & Denton 100 S. 4 th St., Suite 900 St. Louis, MO 63102			

13a.Name and Address of Employer/Labor Relations Consultant	13b.Business is an employer/Consultant	14a.Nature of Payment	14b. Amount of Payment
<p>Hunegs, Stone, LeNeave, Kvas & Thornton 900 Second Ave. South,Suite1650 Minneapolis, MN 55402</p> <p>Rose, Sanders & Bovarnick, L.L.P. 1205 N.W. 25th Ave. Portland, OR 97210</p>	Employer	7/1/04-Supper Banquet in conjunction with Union function, multiple sponsors (continued)	In excess of \$25.00